IATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NISCHARGE MONITORING REPORT (DMR)

cott Jeffers 'astewater Utilities Superintendent AME/TITLE PRINCIPAL EXECUTIVE OFFICER fluent Gross 0530 1 0 olids, total suspended fluent Gross 0410 1 7 Ikalinity, total (asCaCo3) ffluent Gross 0400 1 0 Ĭ ee Comments)0310 W 0 30D, 5-Day, 20 deg. C ffluent Gross)0310 1 0 3OD, 5-Day, 20 deg. C ffluent Gross 0300 1 0)xygen, dissolved (DO) ffluent Gross 00070 1 0 urbidity ATT: LOCATION: FACILITY: ADDRESS: NAME: ERMITTEE NAME/ADDRESS(Include Facility name/Location if different) TYPED OR PRINTED PARAMETER prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete submitted is, to the best of my knowledge and belief, true, accurate, and complete including the possibility of fine and imprisonment for knowing violations. am aware that there are significant penalties for submitting false information, certify under penalty of law that this document and all attachments were Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT PERMIT PERMIT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT WKLY AVG MO AVG MO AVG QUANTITY OR LOADING 301 222 1829 268 1226 ***** ***** ***** ***** 1226 ***** VALUE **** ***** ***** DAILY MX DAILY MX 259 2452 301 ***** ***** ***** ***** ***** ***** **** ***** 2452 ***** ***** VALUE SLIN *** *** *** *** ROM b∕q *** *** *** lb/d *** (26) ఠ (26) (26) Scort 702 Req. Mon. INST MIN DAILY MN **** ***** 2.9 VALUE 2008 ***** **** 63 6.5 **** ***** ***** **** ***** **** ⋨ AK-002295-1 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION of of Req. Mon. Req. Mon. WKLY AVG Req. Mon MO AVG MO AVG MO AVG 15.0 18.6 18.2 MO AVG MO AVG 9.8 Z/A 2.9 VALUE 5 **** 30 8 30 MO MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX Req. Mon. DAILY MX DAILY MX Req. Mon. INST MAX DAILY MX 16.0 18.6 11.7 N/A 7.0 ***** **** VALUE **** ***** 8 90 DAY 8 MONITORING PERIOD
YEAR mg/L SLIN mg/L mg/L mg/L mg/L 3 (19) (<u>1</u>2) (19) (19 9 S 13 (19) **4**3 19 19 19 19 19 귱 Form Approved.

OMB No. 2040-0004 Approval Expires 05-31-98 YEAR 2008 AREA CODE 0 0 0 0 0 0 贝る 0 MO MO FREQUENCY OF ANALYSIS 586-0393 Continuous TELEPHONE Twice Per Quarterly Weekdays Twice Per Twice Per Once Per Month Month Month Month PHONE NUMBER ₹ DISCHARGE NUMBER 001 A Ø COMP24 COMP24 COMP24 RCORDR SAMPLE TYPE COMP24 GRAB

GRAB

DAY μ

COMMENT AND EXPLANATION OF ANY VIOLATIONS

DAY

00434/981209 1904

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

ERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

ATT: FACILITY LOCATIO ADDRESS: NAME: 155 SOUTH SEWARD, JUNEAU. ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
**** NO DISCHARGE Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

NOTE: Read instructions before completing this form. ** 001 A

DISCHARGE NUMBER

AK-002295-1 PERMIT NUMBER

	JUNEAU, ALASKA 99801	9801					MONTTO		COTO		
FACILITY:	MENDENHALL VA	MENDENHALL VALLEY SERVICE AKEA	7		ź	MO	DAY		YEAR	M	DAY
ATT:	Scott Jeffers WW Utilities S	Scott Jeffers WW Utilities Superintendent		HOM.	2008	7	т	٦ [2008	7	31
PARAMETER		QUANTITY OR LOADING	OADING		QUAI	QUALITY OR CONCENTRATION	RATION	i	άè	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU			
olids, total suspended	SAMPLE	259		(26)		16.0		(19)	0		
	MEASUREMENT		***		****		***	.,			
00530 W 0	PERMIT	1829				ቆ		19		Twice Per	COMP24
ee Comments	REQUIREMENT	WKLY AVG	****	lb/d	***	WKLY AVG	****	mg/L		Month	
litrogen, ammonia total (as N)	SAMPLE	292	292	(26)		22.0	22.0	(19)	0		
	MEASUREMENT				***						
00610 1 0	PERMIT	1164	1963			8	8	19		Once Per	COMP25
:ffluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	茶茶茶茶	MO AVG	DAILY MX	mg/L		Month	
lardness, total (as CaCO3)	SAMPLE					163	230	(19)	0		
	MEASUREMENT	****	****	***	****			:			
0900 1 6	PERMIT	1	*	* * *	¥ * *	Req. Mon.	Reg. Mon.	mo/ 19		Month Month	GKAB
ilver total recoverable	SAMPI F	Z	N/A	(26)		N/A	N/A	(28)	0		
	MEASUREMENT	,	,		***			,			
01079 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
ffluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	等长景景	MO AVG	DAILY MX	ug/L		Year	
inc, total recoverable	SAMPLE	N/A	N/A	(26)	* * * *	N/A	N/A	(85)	c		
	MEASOKEMENT					Z X	D M) 8		Three Per	COMP24
01094 1 0	PERMIT	Req. Mon.	Req. Mon.	:		Keq. Mon.	Req. Mon.	2 6		VAY G	7.7 III
ffluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILT MX) Ig	>	ca	
ead, total recoverable	SAMPLE	N/A	N/A	(26)		N/A	N/A	(28)	·		
	MEASUREMENT				***************************************		•	,		7 5 5 5 7 7	COMBDA
01114 1 0	PERMIT	Req. Mon.	Reg. Mon.			Req. Mon.	Req. Mon.	2		+Bree Fer	COMPA
ffluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L	>	Tear	
opper, total recoverable	SAMPLE	0.269	0.273	(26)	++++	18.4	19.9	(82)	c		
	MEASUREMENT				4			3		1	COMPA
1119 1 0	PERMIT	1.82	3.92			44.5	95.8	. 28		Wice Per	COMP 24
ffluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	> ******	MO AVG	DAULY MX	ng/L		TELEBHONE	
AME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty or prepared under my dire	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed	and all attachments w ccordance with the syst	erre em designed		100		· · · · · ·	907	586-0393	
cott Jeffers	to assure that the qualifi	to assure that the qualified personnel properly gather and evaluate the information to assure that the qualified personnel properly gather and evaluate the information to assure that the qualified person or persons who manage the system.	ither and evaluate the i	nformation he system,		0			CODE	PHONE NUMBER	ÉR.
dateMatel Atlines arbeilineane	or those persons directly	or those persons directly exponsible for gathering the information, the information	ig the information, the	information	^;; t	And has				DATE	
	I am aware that there are	Submitted is, to the rest of the knowledge and benefit the account of the lam aware that there are significant penalties for submitting false information,	r submitting false infor	mation,	SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE	AL EXECUTIVE		JOD &	Jugust	DAY
COMMENIA UND EASINIVION DE VINA MANORE AND EASINIVION DE VINA INCLUSION DE VINA INCL	VITOL ATTOMS	VIOLATIONS	o								

COMMENT AND EXPLANATION OF ANY VIOLATIONS

PA Form 3320-1 (03-99). Previous editions may be used.

ATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) ISCHARGE MONITORING REPORT (DMR)

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

DΑΥ 2

ERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

ott Jeffers astewater Utilities Superintendent ME/TITLE PRINCIPAL EXECUTIVE OFFICER fluent Gross 0050 10 ow, in conuit or thru treatment plan fluent Gross 613 1 0 oating solids or visible foam-visual e Comments 1615 R 0 cal coliform, MPN, EC med, 44.5 C e Comments 1615 Q 0 cal coliform, MPN, EC med, 44.5 e Comments 1615 P 0 ecal coliform, MPN, EC med, 44.5 e Comments 1615 0 0 ecal coliform, MPN, EC med, 44.5 ee Comments 0500 0 0 oliform, fecal - % sample exceeds Ē OCATION FACILITY: ADDRESS: NAME: TYPED OR PRINTED PARAMETER submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete including the possibility of fine and imprisonment for knowing violations prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information certify under penalty of law that this document and all attachments were MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF am aware that there are significant penalties for submitting false information, Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT Req. Mon. MO AVG 1.88 QUANTITY OR LOADING ***** ***** ***** ***** VALUE ***** **** ***** **** **** **** ***** ***** DAILY MX 2.29 **** ***** **** **** **** **** ***** **** VALUE ***** **** ***** ***** 4.9 Mgal/d SLINA *** *** *** *** *** *** HOME M 3 w WKLY GEO WKLY GEO WKLY GEO N/A Z/A N/A VALUE ***** **** **** **** 2008 **** ***** 8 **** 800 60 ⋨ AK-002295-1
PERMIT NUMBER SIGN QUALITY OR CONCENTRATION スタ MO GEO MO OHO N/A N/A MO GEO N/A ***** ***** ***** MO GEO N/A ***** VALUE ***** 8 200 200 161 MO PRINCIPAL EXECUTIVE AUTHORIZED AGENT EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX Req. Mon. DAILY MX DAILY MX DAILY MX Req. Mon. DAILY MX DAILY MX ***** Z A N/A N/A N/A VALUE **** 1200 800 800 MONITORING PERIOD
DAY
YE ö 0 Y=1;N=0 #/100ml #/100ml #/100ml #/100mL *** *** SLING (23 E E ម (E <u>ਬ</u> 뒪 IJ 8 JOOS YEAR 2008 AREA CODE ¥£ ΠŞ 0 0 0 0 0 c 0 1 Jugus T TELEPHONE **586-0393** FREQUENCY OF ANALYSIS Twice Every Continuous Twice Every Twice Every Once Per Twice Every Twice Every Month Week Week Week Week Week PHONE NUMBER ₹ DISCHARGE NUMBER 001 A Œ RCORDR VISUAL SAMPLE TYPE GRAB GR4B **GRAB** GRAB GRAB B

DMMENT AND EXPLANATION OF ANY VIOLATIONS

A Form 3320-1 (03-99) Previous editions may be used

Concerning violations-please see attached. The reporting period was from 06/29/2008 through 08/02/2008 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

00434/981209 1904

PAGE 3 OF S

DAY

ATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NISCHARGE MONITORING REPORT (DMR)

ERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

Ę FACILITY: LOCATION: ADDRESS: NAME: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER

> MAJOR (SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE NOTE: Read instructi Form Approved.
>
> OMB No. 2040-0004
>
> Approval Expires 05-31-98

DISCHARGE NUMBER
INC. I. I.CHE IIICH HEMOIS DEL COL COLLEGE INT.

	JUNEAU, ALASKA 99801	99801					TOWN TO THE PERSON TO THE PERS	DINC D	550		
-ACILITY:	JUNEAU ALASKA 99801	MENDENHALL VALLEY SERVICE AREA JUNEAU. ALASKA 99801	F		ХR	МО	DAY YE		YEAR	MO	DAY
ATT:	Scott Jeffers WW U	Scott Jeffers WW Utilities Superintendent	#	FROM	2008	7	1	70	2008	7	31
PARAMETER		QUANTITY OR LOADING	OADING		QUAI	QUALITY OR CONCENTRATION	RATION		Д S	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU			
hlorine, total residual	SAMPLE			(26)		N/A	N/A	(28)	0		
	MEASUREMENT	*****	****		***						
0060 S 0	PERMIT	4.09	4.09			100	100			QUARTERLY	COMP24
ee Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/I			
ilution factor	SAMPLE				642.8	781.7		ug/L	0		
	MEASUREMENT	****	****	**			***				
0093 1 0	PERMIT				Req. Mon.	Req. Mon.				DAILY	MEASRO
ffluent Gross	REQUIREMENT	****	****	**	DAILY MN	MO AVG	,	5			
OD,5-day, percent removal	SAMPLE))			(23)	0		
	MEASUREMENT	****	****	**	93.5	***************************************	*****	}		7	2
1010 K O	PERMIT	* * * * *	**	* * *	X X X X X X	*	* * * *	<i>3</i> %		Month Month	<u>ر</u> د
olide suspended percent removal	SAMPI F							(£3	0		
	MEASUREMENT	****	****	**	92.0	****	****				
1011 K O O	PERMIT				85			23		Once Per	CALCITO
ercent Removal	REQUIREMENT	****	***	**	MN % RMV	*****	****	%		Month	
nlorine usage	SAMPLE	N/A		(26)			+++++		0		
V	MEASUREMENT		****		***	****	****				
1400 X 0	PERMIT	Req. Mon.	* * * * *	,	* * * * *	* * * * *	* * * * *			X E7	MEASSE
il and grease visual	SAMPLE						0	(93)	0		
1	MEASUREMENT	****	****	*	****	****		T			
4066 1 0	PERMIT						Req. Mon.			Once Per	VISUAL
fluent Gross	REQUIREMENT	***	***	**	****	* * *	×	occur/mo		Month	
oxicity, Chronic	SAMPLE						N/A	(26)	0	-	
	MEASUREMENT	****	****	* * *	****	****		-			
7000 1 8	PERMIT							·		Semiannua	COMP24
fluent Gross	REQUIREMENT	****	****	**	>** **	****	DAILY MX	ox chronic		TEI EDHONE	
NCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system	and all attachments we coordance with the syst	erre em designed		Mark		·	907	586-0393	
ott Jeffers astewater Utilities Superintendent	to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for pathering the information, the information	ted personnel properly grainquiry of the person or responsible for gathering	ther and evaluate the ir persons who manage the information, the information information in the in	ne system, information	76				CODE	PHONE NUMBER	ŘŖ
	on the both the best of information of the best of my knowledge and belief, true, accurate, and complete submitted is, to the best of my knowledge and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information,	of my knowledge and be e significant penalties fo	elief, true, accurate, and r submitting false infor	complete mation,	Wybis Stars	SIGNATURE OF PRINCIPA	PRINCIPAL EXECUTIVE		8000	Jesuson	(Z)
TYPED OR PRINTED including the po	uncluding the possibility of fine and imprisonment for knowing violations.	of tine and imprisonine	nt for knowing Violation	DS.	9	CHALCER OR AGING	K AO ITOKEED AGENT		:	ā	2

00434/981209 1904

ATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

TYPED OR PRINTED Including the poor MINION OF ANY VIOLATIONS YPED OR PRINTED astewater Utilities Superintendent ott Jeffers AME/TITLE PRINCIPAL EXECUTIVE OFFICER ee Comments 1615 T 9 ecal coliform, MPN, EC med, 44.5 C ee Comments 31615 S 9 ecal coliform, MPN, EC med, 44.5 C Ä LOCATION: FACILITY: ADDRESS: NAME: ERMITTEE NAME/ADDRESS(Include Facility name/Location if different) PARAMETER submitted. Based on my inquiry of the person or persons who manage the system, prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information including the possibility of fine and imprisonment for knowing violations or those persons directly responsible for gathering the information, the information I certify under penalty of law that this document and all attachments were submitted is, to the best of my knowledge and belief, true, accurate, and complete JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF am aware that there are significant penalties for submitting false information, Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT SAMPLE SAMPLE PERMIT QUANTITY OR LOADING ***** VALUE ***** **** ***** ***** ***** ***** ***** VALUE SLIND HOM *** *** WKLY GEO WKLY GEO 24.3 N/A VALUE 2008 8 8 ⋨ AK-002295-1 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE QUALITY OR CONCENTRATION OPEXCER OR AUTHORIZED AGENT MO GEO MO GEO N/A 4.1 VALUE 60 200 중 MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILY MX 24.3 N/A 1200 VALUE 800 MONITORING PERIOD
DAY
YEA #/100mL #/100ml SLINO (13) (13) ಠ Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 2008 AREA CODE ďδ 0 0 FREQUENCY OF ANALYSIS 586-0393 Once Every Once Every **TELEPHONE** Week Week PHONE NUMBER ₹ DISCHARGE NUMBER 001 A **GA** SAMPLE TYPE GRAB. GRAB ΡĄ អ

00434/981209 1904

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska

AVERAGE	MINIMUM	MAXIMUM	TOTAL	SAT	핊	뒫	WED	핕	MON	SUN	SAT	33	뒫	WED	류	MON	SUN	SAT	FR	뒫	WED	JUE	MON	SUN	SAT	FRI	THU	WED	TUE	MON	SUN	SAT	FR	뒫	WED	JUE	MON	SUN	DAY		<u>ר</u>
AGE	×	M	<u>P</u>	2	1	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	=	10	9	8	7	6	5	4	u	2	_	30	29	PATE E		
53	46	62		54	55	52	5	57	51	50	53	51	50	51	52	46	48	53	51	<u>5</u> 2	56	56	56	56	53	55	52	49	48	54	53	61	59	62	60	56	52	53	P TEMP	_ T	֓֞֝֞֝֞֞֝֞֝֞֝֞֓֓֓֞֝֞֓֓֓֓֓֓֓֞֝֓֓֓֓֓֓֓֓֓֟֝֓֓֓֡֡֝֡֓֓֡֡֝֡֓֓֡֡֓֡֡֝
0.23	0.00	1.90	8.01	0.00	0.06	0.27	0.07	0.00	0.06	0.52	0.00	0.66	0.07	0.13	0.11	0.13	0.24	0.39	1.90	0.02	0.00	0.03	0.00	0.02	0.22	0.06	0.02	0.25	1.55	0.21	0.93	0.03	0.00	0.02	0.00	0.00	0.03	0.01		VITA I TIET	1
2.12	1.66	2.49	74.17	2.15	2.15	2.28	2.12	2.18	2.24	2.29	2.32	2.32	2.22	2.27	2.27	2.29	2.38	2.49	2.22	1.97	1.97	1.98	2.05	2.07	2.19	2.08	2.22	2.43	2.30	1.95	1.95	1.79	1.66	1.83	1.83	1.84	1.96	1.91	Ξ	SBR	
2271	1540	3530		2260	2575	2010	1990	2146	2340	3150	2900	2020	2110	2090	2280	2190	2180	2220	2070	1590	1680	1700	1570	1700	1850	1790	2220	2970	3530	3310	2910	2870	2830	2760	2360	2230	1550	1540	River	Mend.	
1.88	1.55	2.29	65.78	1.92	2.01	2.00	1.89	1.98	2.11	2.29	2.11	2.05	1.90	1.95	1.99	2.03	2.17	2.24	1.98	1.68	1.70	1.76	1.75	1.83	1.89	1.79	2.10	2.19	1.94	1.69	1.65	1.58	1.55	1.64	1.59	1.63	1.61	1.59	MGO	SBRR	1
781.7 /1	642.8 /1	996.8 /1		761.4 /1	828.6 /1	650.2 /1	681.2 /1	701.2 /1	717.4 /1	889.6 /1	888.9 /1	637.5 /1	718.4 /1	693.4 /1	741.1 /1	697.9 /1	650.0 /1	641.2 /1	676.4 /1	612.4 /1	639.4 /1	625.0 /1	580.6 /1	601.1 /1	633.3 /1	647.0 /1	683.9 /1	877.1 /1	1176.5 /1		1140.3 /1	i I	1180.5 /1	1088.2 /1		884.8 /1	622.9 /1	626.7 /1	Water Dilution	Receiving	5
0.0751	0.0495	0.1138	2.6269	0.0736		0.0793	0.0670	0.0697	0.0721	0.0767	0.0838	0.0831	1	0.0810	t	0.0614	0.0546	$\overline{}$		1		0.0714			0.0751	1	0.0961	0.0928		0.0767	0.0651		0.0552		0.0834	0.0735	0.0614	0.0495	WASTE	SBR	
13.5	13.0	14.0				14.0	14.0	13.0	13.0			13.0	13.0	14.0		13.0	<u>-</u>		14.0	14.0	14.0	14.0	14.0			14.0	13.0	<u> </u>	14.0	14.0						13.0	14.0		S N		
7.3	6.9	7.8				7.1	7.1	7.2	7.5			7.0	7.0	7.0	7.1	7.0			7.8	7.1	7.0	7.3	7.6			6.9	7.4	7.2	7.3	7.6			7.6	7.4	7.3	7.2	7.3		2		
3 4.7	4.7	4.7							-					Ĭ									<u>.</u>				_			3			3		4.7				mg/L	- -	
7 188	166	210																											166						210			 	mg/L	SS	
2735	2686	2785																											2686						2785				LBS	S.S.	Juneau, Ala
	222	337																											337						222				mg/L	B.O.D.	, <u>A</u>
4198	2944	5453																											5453						2944				LB8	B.O.D	SKa
18.4	16.9	19.9																											16.9						19.9				ug/L	2	
0.269	0.264	0.273																											0.273						0.264					S	
163.0	96.0	230.0																											230.0						96.0				mg/L	HARD	
14.2	14.0	15.0				14.0	14.0	14.0	14.0			14.0	14.0	14.0	14.0	14.0			15.0	14.0	14.0	14.0	14.0			15.0	14.0	14.0	14.0	14.0			15.0	15.0	15.0	14.0	14.0		് ഇ		
6.9	6.5	7.0				6.8	6.9	6.9	6.9			6.7	6.8	6.8	6.8	6.5			6.8	6.8	6.8	6.9	6.9			6.9	6.9	6.9	7.0	7.0			7.0	7.0	6.9	6.9	6.9		7		
2.9	2.9	2.9																																	2.9					. n	1
9.8	8.4	11.7			10.0	11.1	9.4	9.6	10.1			10.6	10.4	10.8	9.8	8.8			10.2	10.1	9.3	8.6	8.6			9.4	9.2	8.4	8.7	8.8			9.8	10.6	10.7	10.8	11.7		ĕ₽	TURBID S	
15.0	14.0	16.0																											16.0						14.0				mg/L	SS	i
222.3	185.6	258.9																											258.9						185.6				LBS	SS.	
																																							3	œ	

<u>COMMENTS:</u>
• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

Tox. TUC	Turb.NTU	D.O.mg/l	Alk. mg/l	Hrd. mg/l	July
N/A	11.7	2.9	N/A	230.0	2008

	July 2008	
	J/6n	LBS
Copper	19.90	0.273
Lead	N/A	N/A
Silver	N/A	N/A
Zinc	N/A	N/A
NH3 mg/L	22.00	291.73

2 18.6 3 18.7 5 18.7
301
15.0
259

Date: Aug. 07, 2008

Re: Sample duplicates July 2008

Permit: AK-002295-1

David Domingo Environmental Protection Agency NPDES Compliance Unit, OW-133. 1200 Sixth Avenue Seattle, WA. 98101

Mr. Domingo,

As per permit, this month we had duplicate samples analyzed by our contract laboratory, Analytica Southeast.

On July 10, 2008 duplicate samples were delivered with the following results:

Influent : SS 158 and 166 mg/l, BOD 319 and 337 mg/l Effluent : SS16.0 and 14.0 mg/l, BOD 18.6 and 18.6 mg/l

On July 23, 2008 duplicate samples were delivered with the following results:

Effluent fecal coliform 20.0 and 24.3 col/100 ml.

For reporting purpose, the higher daily values were used

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS)

If you have any question or concerns please call me at (907) 586-0393

Sincere

Denny Kay

Mendenhall W/W Treatment Plant Supervisor

Cc: Sally Wanstall, ADEC
Joe Buck, Public Works Director, CBJ
Scott Jeffers, WW Superintendent, CBJ
File
DMR